



House of Representatives

General Assembly

File No. 173

January Session, 2015

Substitute House Bill No. 6716

House of Representatives, March 23, 2015

The Committee on Aging reported through REP. SERRA of the 33rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT EXPANDING ACCESS TO HOME CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (i) of section 17b-342 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2015*):

4 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
5 shall [, within available appropriations,] administer a state-funded
6 portion of the program for persons: (A) [who] Who are sixty-five years
7 of age and older; (B) who are inappropriately institutionalized or at
8 risk of inappropriate institutionalization; (C) whose income is less than
9 or equal to the amount allowed under subdivision (3) of subsection (a)
10 of this section; and (D) whose assets [, if single, do not exceed the
11 minimum community spouse protected amount pursuant to Section
12 4022.05 of the department's uniform policy manual or, if married, the
13 couple's assets do not exceed one hundred fifty per cent of said
14 community spouse protected amount and on and after April 1, 2007,
15 whose assets, if single, do not exceed one hundred fifty per cent of the

16 minimum community spouse protected amount pursuant to Section
17 4022.05 of the department's uniform policy manual or, if married, the
18 couple's assets do not exceed two hundred per cent of said community
19 spouse protected amount] on and after July 1, 2015, if single, do not
20 exceed forty thousand dollars or, if married, do not exceed sixty-five
21 thousand dollars.

22 (2) Except for persons residing in affordable housing under the
23 assisted living demonstration project established pursuant to section
24 17b-347e, as provided in subdivision (3) of this subsection, any person
25 whose income is at or below two hundred per cent of the federal
26 poverty level and who is ineligible for Medicaid shall contribute
27 [seven] six per cent of the cost of his or her care. Any person whose
28 income exceeds two hundred per cent of the federal poverty level shall
29 contribute [seven] six per cent of the cost of his or her care in addition
30 to the amount of applied income determined in accordance with the
31 methodology established by the Department of Social Services for
32 recipients of medical assistance. Any person who does not contribute
33 to the cost of care in accordance with this subdivision shall be
34 ineligible to receive services under this subsection. Notwithstanding
35 [any provision of the general statutes] sections 17b-60 and 17b-61, the
36 department shall not be required to provide an administrative hearing
37 to a person found ineligible for services under this [subsection]
38 subdivision because of a failure to contribute to the cost of care.

39 (3) Any person who resides in affordable housing under the assisted
40 living demonstration project established pursuant to section 17b-347e
41 and whose income is at or below two hundred per cent of the federal
42 poverty level, shall not be required to contribute to the cost of care.
43 Any person who resides in affordable housing under the assisted
44 living demonstration project established pursuant to section 17b-347e
45 and whose income exceeds two hundred per cent of the federal
46 poverty level, shall contribute to the applied income amount
47 determined in accordance with the methodology established by the
48 Department of Social Services for recipients of medical assistance. Any
49 person whose income exceeds two hundred per cent of the federal

50 poverty level and who does not contribute to the cost of care in
51 accordance with this subdivision shall be ineligible to receive services
52 under this subsection. Notwithstanding [any provision of the general
53 statutes] sections 17b-60 and 17b-61, the department shall not be
54 required to provide an administrative hearing to a person found
55 ineligible for services under this subsection because of a failure to
56 contribute to the cost of care.

57 (4) The annualized cost of services provided to an individual under
58 the state-funded portion of the program shall not exceed fifty per cent
59 of the weighted average cost of care in nursing homes in the state,
60 except an individual who received services costing in excess of such
61 amount under the Department of Social Services in the fiscal year
62 ending June 30, 1992, may continue to receive such services, provided
63 the annualized cost of such services does not exceed eighty per cent of
64 the weighted average cost of such nursing home care. The
65 commissioner may allow the cost of services provided to an individual
66 to exceed the maximum cost established pursuant to this subdivision
67 in a case of extreme hardship, as determined by the commissioner,
68 provided in no case shall such cost exceed that of the weighted cost of
69 such nursing home care.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	July 1, 2015	17b-342(i)
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AGE *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Social Services, Dept.	GF - Cost	2.6 million	2.6 million

Municipal Impact: None

Explanation

The bill results in a cost to the state of approximately \$2.6 million in FY 16 and FY 17 associated with increasing eligibility and reducing cost sharing for the Connecticut Home Care Program for Elders (CHCPE). Increasing the asset limit for individuals, from \$35,766 to \$40,000, and for couples, from \$47,688 to \$65,000 results in a cost of approximately \$2.1 million in each fiscal year. Decreasing cost sharing for the program, from 7% to 6%, results in a cost of approximately \$493,600 in FY 16 and \$503,500 in FY 17.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: Department of Social Services Caseload Information

OLR Bill Analysis**sHB 6716*****AN ACT EXPANDING ACCESS TO HOME CARE.*****SUMMARY:**

This bill makes several changes to the state-funded portion of the Connecticut Home Care Program for Elders (CHCPE). It reduces cost sharing for program participants from 7% to 6% of their service costs. As under current law, participants whose incomes exceed 200% of the federal poverty level contribute an additional portion of their income as determined by the Department of Social Services (DSS) (i.e., applied income).

Currently, the program's asset limits are \$35,766 for individuals and \$47,688 for married couples, which represents 150% and 200% respectively, of the Medicaid minimum community spouse protected amount (CSPA, see BACKGROUND). The bill removes this link to the CSPA and instead sets the asset limits at \$40,000 for individuals and \$65,000 for married couples.

The bill also eliminates the requirement that DSS administer the program within available appropriations.

Finally, the bill makes minor and technical changes.

EFFECTIVE DATE: July 1, 2015

BACKGROUND***CHCPE***

CHCPE is a Medicaid waiver and state-funded program that provides home and community-based services for qualifying individuals age 65 and older who are institutionalized or at risk of institutionalization.

CSPA

Federal Medicaid law allows the spouse of someone living in a long-term care institution to keep some of the couple's assets to ensure the spouse living in the community does not become impoverished. The amount retained by the non-institutionalized spouse is referred to as the CSPA. The maximum and minimum CSPAs are set by federal law and the state must update them annually.

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute

Yea 13 Nay 0 (03/05/2015)